DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009047)

Address: 2306 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Compliance

Verified

Corrected

Survey ID: 0095048 End Date: 05/19/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009810 Served 06/03/2005

Deficiencies Cited Subject Area

50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE

83.21(4)(w) SAFE ENVIRONMENT

Survey ID: 0091597 End Date: 11/05/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090603 End Date: 06/12/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/10/2003 Date Investigation Completed: 06/12/2003

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED NUTRITION & FOOD SERVICES NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

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